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"Girls should not be taught to use a vaginal douche after each menstrual period." Ninety per cent. of the micro-organisms that are abroad are destroyed by the acid secretions of the vagina, but they are not strong enough to destroy the germs of tuberculosis and diphtheria. We have ascending infection of the urinary system, through the urethra up into the bladder, causing tuberculosis of the bladder; through the ureters, causing tuberculosis of the kidneys. We have the same ascending infection through the generative channel, as tuberculosis of the vulva, vagina, and uterus. Kelly says a great deal of what is called endometritis is a genuine tubercular infection. These germs easily find their way into the tubes, and we have tubercular pus tubes. This causes us to realize that the most hygienic underclothing for women should be closed, as the long sweeping skirts easily throw the germs onto the body. This also shows why alkaline douches may be harmful by neutralizing an acid secretion whose function at that portal of the body is to protect from invading germs.

DIET LISTS FOR OBSTETRICAL PATIENTS

I. By EDITH C. HUNTINGTON, R.N., Tennessee

SOME three or four years ago there was an article in the *JOURNAL* about diet for obstetrical patients including the first two weeks which I always considered good, but there are two principal things about this diet which I think should be taken into consideration. The first is that the labor may be a long one, and, to prepare for it, it is best to give nothing heavy after labor begins. The patient usually does not care for it, and should not be forced to take anything more than liquids, such as tea, milk, soup. But she should take a large glass of water every two hours, or a half glass every hour. That will give the heart more liquid to lift. If the labor has been long, she should be given only the most easily digested food for two or three days, like milk and nourishing soup, and plenty of water. She may not seem weak, but she will be weak, even though she seems normal in all ways. The lack of plenty of water is the cause of many complications and a more serious illness than would be expected in patients supposed to have the best of care.

The second thing to be considered is that many mothers conceive the idea that their milk is of insufficient quantity or quality to nurse the baby.

(The request of E. L. B., published in the letter department of the February *JOURNAL*, for obstetrical diet lists, has met with so many interesting and suggestive responses, that not all can be published at once. Others will follow later.—ED.)

To guard against this, I believe that she can take three pints of milk a day, after the second or third day. This would make a good quality of milk from the beginning and is adequate to produce for any mother sufficient milk of good quality. She is not likely to eat much meat in bed, but when she is well and exercising in the open air, plenty of good meat will help to produce good milk. Either in bed or out of bed she can drink a glass of milk with each meal and one between meals and at bed-time, which will make three pints. A raw egg with it between breakfast and dinner, and between dinner and supper is very beneficial. The patient may think the milk causes biliousness, but if the milk is drunk slowly, and if plenty of fruit and water are taken, there is no need of biliousness. If the mothers would persist in three pints of milk a day for a year, I believe it would abolish some of the trouble in their being unable to nurse their babies. I have been successful in having a patient do this for a month, and if it is successful for a month, it should be for a year. No tea or coffee should be drunk while the mother is nursing the baby. I know a physician who says that he can take any mother in ordinary health at the beginning of lactation, and by giving good meat and milk and out-door exercise produce plenty of milk of good quality for the babe.

I sometimes learn of old-fashioned notions which contain a germ of truth. Recently a mother told my obstetrical patient that if she did not chew her food well, the milk would pass through the babe "whole." The mother was in the habit of swallowing her food in large mouthfuls, and I was trying to help her overcome this habit. When she was careless, I noticed that the babe's stools contained partially digested milk, and that the character of them was much better if she masticated her food well.

II. BY BETTY CHODOWSKI, R.N., Philadelphia

THE following diet list is for an obstetrical patient having a normal temperature and no perineal suturing. I also take it for granted that the patient enjoys normal digestion.

First and second days. 8 oz. of either milk, strained oatmeal, or barley milk gruel, every three hours.

Third day. Breakfast: Oatmeal gruel, 1 cup of coffee (half milk), small piece of buttered toast. Lunch, 10.30 A.M.: This always consists of milk with crackers, junket with zweibach, or lady fingers, or malted milk, if preferred. Dinner: Cracker soup, cup of weak tea with milk. Supper: Farina gruel.

Fourth day. Breakfast: Boiled oatmeal with cream, cup coffee, toast. Dinner: Oyster stew (strained), crackers. Supper: Milk toast, tea or coffee.

Fifth day. Breakfast: Orange juice, farina with cream, coffee, toast. Dinner: Beef broth with rice, baked apple. Supper: Poached egg on toast, milk.

Sixth day. Breakfast: Orange or grape fruit, oatmeal and cream, soft boiled or steamed egg, coffee, toast. Dinner: Chicken broth, broiled chicken, apple sauce. Supper: Milk toast, stewed prunes.

Seventh day. Breakfast: Fruit, cereal, egg, coffee, toast. Dinner: Beef tea, broiled steak, baked potato, baked apple. Supper: Celery soup, poached egg on toast, tea.

Eighth day. Breakfast: Grape fruit, force with cream, steamed egg, coffee. Dinner: Pea soup (strained), two lamb chops, broiled, apple sauce or grapes. Supper: Rice, well boiled, with milk, stewed prunes.

Ninth day. Breakfast as before. Dinner: Barley soup, stewed chicken, baked potato, baked apple. Supper: Egg custard, cocoa, toast or bread, stewed fruit.

Tenth day. Dinner: Mutton broth, broiled Hamburg steak, sliced oranges. Supper: Panned oysters on toast, coffee.

Following days, dishes given above may be chosen, also such desserts as floating island, blanc mange, chocolate pudding, and some fruit dishes as sliced banana with orange, stewed strawberries or raspberries, when in season. I have not found these dishes unsuitable because of giving the baby colic. I have also given sliced tomatoes, stewed tomatoes, and raw celery, but not when the mother has a predisposition to acidity.

III. By GRACE HOLMES, R.N., Wisconsin

In planning the dietary for an obstetrical case it should be remembered that after the first few days the patient differs very slightly from a well person.

At first she is more or less fatigued from the labor and her digestion is impaired only as it would be from fatigue produced by any other unusual exertion. The digestive system *as such* is in no way involved. We are, however, never quite sure that a case is normal until after the third day, consequently a carefully selected light diet is a safe middle course.

In my judgment liquids (excepting water, which I would give freely at all times) should not be crowded the first few days.

Milk will appear in the breasts in due course of time without our interference, and by the old method of rushing frantically to the soup kettle and the teapot I believe we but contribute to the oftentimes distressing over-production of milk which has kept so many of us on our knees for weary hours, gently drawing off the soup and tea with a breast pump.

After the flow of milk is established the supply of liquids should be regulated as indicated. Where it is necessary to push it, I think it is better to give milk, broths, or gruels in the interval between meals rather than to give too much liquid with the meals, which latter method but dilutes the digestive juices and upsets digestion generally.

On the fourth day, if the case is normal, I begin a general diet, eliminating only such things as should not be given to any patient unable to exercise, *e.g.*, hot bread-stuffs, pies, pancakes, etc.

The diet should include as many laxative foods as possible as there is almost invariably a tendency to constipation. Sour things and tart fruits need not be excluded so long as the patient digests them. Generally speaking, the baby will have colic only from such things as the mother fails to digest.

The menus herewith submitted are designed for a patient of moderate means, and—an item of no small importance in most families—may, with slight additions or subtractions, be made to serve as the general family menus for the fortnight.

First day. Breakfast: Hot milk (not boiled) 6 oz.; repeat 10 A.M. Dinner: Slice milk toast, grape juice. Supper: Oatmeal crackers and milk, two or three figs.

Second day. Breakfast: An orange, cornmeal mush and cream, bread and butter, cocoa. Dinner: Small bowl soup and crackers, soft egg on toast, grape juice. Supper: Cream of wheat with cream, graham bread and butter, milk or cocoa.

Third day. Breakfast: Stewed prunes, oatmeal and cream, dry toast and butter, hot milk. Dinner: Beef broth with rice, poached egg, bread and butter, sliced orange, grape juice. Supper: Graham bread and butter, apple sauce, cocoa, figs.

Fourth day. Breakfast: Baked apple, Ralston breakfast food and cream, toast, bacon, cocoa or hot milk. Dinner: Lentil soup, broiled lamb chop, baked potato, bread and butter, gelatine with cream, grape juice. Supper: Popped corn with cream, graham bread and butter, fresh fruit, cup tea or cocoa.

Fifth day. Breakfast: Figs, oatmeal and cream, soft egg on toast, one cup coffee. Dinner: Beef broth with tapioca, small portion rare roast beef, mashed potatoes, milk, sliced orange. Supper: Oyster stew with crackers, graham bread and butter, baked apple, tea.

Sixth day. Breakfast: Raw apple, hominy and cream, toast, honey, coffee. Dinner: Cream of potato soup, broiled chicken, creamed potatoes, peas, jelly, tapioca pudding, milk. Supper: Oatmeal crackers and milk, stewed prunes, bread and butter, tea.

Seventh day. Breakfast: Figs, cornmeal mush and cream, toast, bacon, coffee. Dinner: Chicken broth, broiled beefsteak, baked potato, escalloped tomatoes, ice cream, grape juice. Supper: Poached egg on toast, graham crackers, sliced orange, cup tea or cocoa.

Eighth day. Breakfast: Stewed prunes, Ralston breakfast food and cream, a raw egg with grape juice, toast, cocoa or coffee. Dinner: Split pea soup, broiled lamb chop, boiled potato, corn, jelly, white mountain pudding, milk. Supper: Popped corn and milk, graham bread and butter, canned fruit, cocoa.

Ninth day. Breakfast: Baked apple, cream of wheat with cream, plain omelet, toast, coffee. Dinner: Cream of tomato soup, rare roast beef, baked potato, string beans, pickles, lemon gelatine, grape juice. Supper: Steamed rice with cream, bread and jelly, or honey, figs, cocoa.

Tenth day. Breakfast: An orange, cream of wheat cooked with dates and served with cream, toast, soft boiled egg, coffee. Dinner: Cream of celery soup, roast mutton, mashed potatoes, boiled beets, baked custard, grape juice. Supper: Oyster stew, whole wheat bread, strawberries (canned or fresh), tea or cocoa.

IV. BY EMMA E. KOCH, R.N., Chicago

No doubt the JOURNAL will receive many complete diet lists for the two first weeks of the parturient woman. Allow me to add a point in connection, the importance of which many nurses do not seem to know. If the labor is long and protracted, the patient in her anxiety forgets that she needs nourishment. She may be asked to take some, but refuses, and in consequence weakens, sometimes almost to the extent of exhaustion. This can, and should be avoided. If she refuses solids, urge the liquids, at regular intervals and in small quantities. Should operative interference be probable, then discretion must be used, however.

Cheerfulness, nourishment, and skilled nursing are three very important factors in the lying-in chamber as well as later on, the liberal use of which should assure the woman that the trying ordeal is a perfectly normal process, and that there is naught to fear or dread.

Almost immediately after the labor, she may have a cup of hot milk and well-toasted bread, or toasted cracker.

I would like to emphasize another point. In feeding the parturient, during the lying-in period, care should be exercised in serving food in small portions. There is great danger of overfilling the stomach by too copious feeding at this time, often causing all sorts of disturbances and sometimes rise of temperature. It is better to feed often at regularly stated intervals, and in small amounts, the first ten days.